

Preparation of a

Coliform Monitoring Plan

for the Small Non-Community Water System

October 2003



DOH PUB. #331-240

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). For additional copies of this publication, call 1-800-521-0323. This and other publications are available at <http://www.doh.wa.gov/ehp/dw>.

COLIFORM MONITORING PLAN (CMP) for the Small Non-Community Water System

This version of the Coliform Monitoring Plan (CMP) was developed for single-connection water systems (for example, a store or church) or very simple, small water systems (for example, a store with two single-family homes). This document includes instructions (pages 1 and 2), a blank form for your use (pages 3 and 4), and two examples (pages 5 through 8).

Part A: Water System Information

Please fill in the information requested.

Part B: Routine and Repeat Sample Locations

The purpose of the coliform monitoring program is to enable water purveyors to evaluate the microbial water quality of a water system using economical tests. These tests help to ensure the water provided to customers is free of disease-causing organisms.

- The minimum number of required Routine samples is based upon the population served each month by the water system. *Routine samples should be collected from representative points in the distribution system at regular time intervals.* When the CMP is properly developed and implemented, it should ensure that each area of the distribution system is adequately monitored on a regular basis.
- It is very important to pick good sample locations (i.e., cold water faucet in the restroom). If possible, do not collect samples from frost-free faucets, frost-free hydrants, swivel faucets, drinking fountains, faucets that leak or drip, or are close to the ground. Make sure that the faucet has been flushed for at least five minutes and be very careful when collecting the sample. (See Department of Health publication #331-225 – Coliform Sampling Procedures.)
- Repeat samples are required within 24 hours after notification of an unsatisfactory Routine sample. Repeat samples are used to confirm the presence of contamination and to help identify the source of contamination. **Do not batch or shock chlorinate prior to collecting the repeat samples unless prior authorization is given by DOH or your county health department.**
- For systems collecting ONE Routine sample per month, FOUR Repeat samples are required. If TWO or more Routine samples are collected, THREE Repeat samples are required. Ideally it is best to collect the repeat samples from the location of the unsatisfactory Routine sample, an upline tap, a downline tap, and from the well or after storage. This may be difficult to do if the number of good sample taps is limited. For example, if you only have one good sample location it is recommended that all Repeat samples be collected at that tap. Contact the appropriate regional office if you have questions about choosing sample sites.

- The month following one or more unsatisfactory samples, FIVE Routine samples are required. This may or may not be a month that sampling is normally required. If your water system is closed and serves NO users during the month, please contact the appropriate regional office for guidance. If these samples are all satisfactory, return to your normal sampling schedule.

Please select Routine and Repeat sample sites and complete the table.

C: Routine Sample Rotation Schedule

Please fill in the information requested.



D: Attach a simple map of your water system

Show the source(s), storage, building(s), tap locations, etc. Number each of the routine sites starting with X, for example, X-1 or X2. Number each of the Repeat sites. Remember, one of the Repeat sites will always be the same location as the unsatisfactory routine site.

E: Preparation Information

Please fill in the information requested.

COLIFORM MONITORING PLAN (CMP) for the Small Non-Community Water System

Part A: Water System Information

Name of Water System: _____	County: _____	System ID Number: _____
<input checked="checked" type="checkbox"/> Attach Copy of Current Water Facilities Inventory (WFI) form	Number of Sample Sites Needed to Represent the Distribution System: _____	

Part B: Routine and Repeat Sample Locations

Please select Routine and Repeat sample sites and complete the table below:

Location / Address for <u>Routine</u> Sample Site	Location / Address for <u>Repeat</u> Sample Sites	Sample Locations for <u>Month</u> <u>Following</u> Unsatisfactory Sample(s)
X # 1	1-1	1.
	1-2	2.
	1-3	3.
	1-4	4.
		5.
X #2	2-1	1.
	2-2	2.
	2-3	3.
	2-4	4.
		5.

C: Routine Sample Rotation Schedule

Month	Sample Site(s)	Month	Sample Site(s)
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	



D: Attach a simple map of your water system

E: Preparation Information

Name of Plan Preparer: _____	Position: _____	Date Plan Completed: _____
Daytime Phone Number: () ____ - ____ Evening Phone Number: () ____ - ____	STATE REVIEWER: _____ _____ _____	DATE REVIEWED: ____ / ____ / ____

Sample #1: Small Non-Community System (grocery store)

COLIFORM MONITORING PLAN (CMP) for the Small Non-Community Water System

Part A: Water System Information

Name of Water System: ClearWater Grocery	County: Pierce	System ID Number: AA010D
<input checked="" type="checkbox"/> Attach Copy of Current Water Facilities Inventory (WFI) form	Number of Sample Sites Needed to Represent the Distribution System: 2	

Part B: Routine and Repeat Sample Locations

Please select Routine and Repeat sample sites and complete the table below:

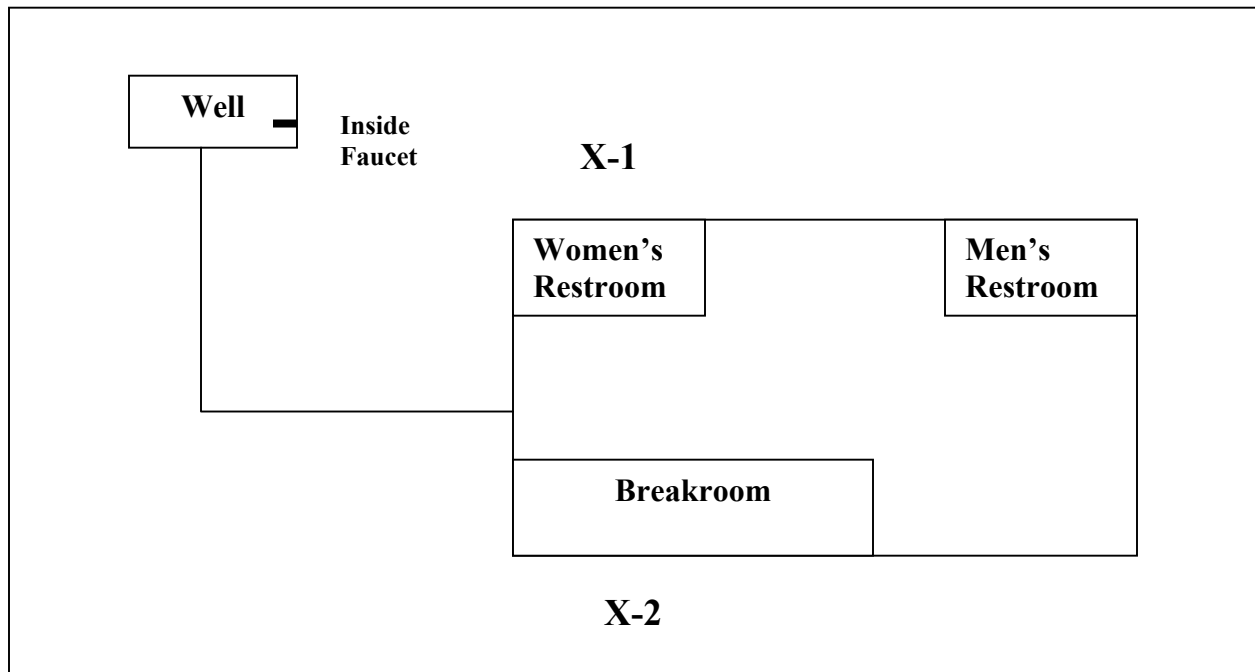
Location / Address for Routine Sample Site	Location / Address for <u>Repeat</u> Sample Sites	Sample Locations for <u>Month</u> Following Unsatisfactory Sample(s)
X # 1 Women's Bathroom	1-1 Women's Bathroom	1. Women's Bathroom
	1-2 Women's Bathroom	2. Women's Bathroom
	1-3 Breakroom	3. Breakroom
	1-4 Well	4. Breakroom
		5. Well
X #2 Breakroom	2-1 Breakroom	1. Breakroom
	2-2 Breakroom	2. Breakroom
	2-3 Women's Bathroom	3. Women's Bathroom
	2-4 Well	4. Women's Bathroom
		5. Well

C: Routine Sample Rotation Schedule

Month	Sample Site(s)	Month	Sample Site(s)
January	X-1	July	X-1
February	X-2	August	X-2
March	X-1	September	X-1
April	X-2	October	X-2
May	X-1	November	X-1
June	X-2	December	X-2



D: Attach a simple map of your water system



E: Preparation Information

Name of Plan Preparer: Mr. Smith	Position: Manager	Date Plan Completed: 6/02/03
Daytime Phone Number: (253) 474-1234 Evening Phone Number: (253) 474-5678	STATE REVIEWER: _____ _____	DATE REVIEWED: ____ / ____ / ____

Sample #2: Small Non-Community System (daycare)

COLIFORM MONITORING PLAN (CMP) for the Small Non-Community Water System

Part A: Water System Information

Name of Water System: Healthy Kids Daycare	County: Mason	System ID Number: 12345B
<input checked="" type="checkbox"/> Attach Copy of Current Water Facilities Inventory (WFI) form	Number of Sample Sites Needed to Represent the Distribution System: 2	

Part B: Routine and Repeat Sample Locations

Please select Routine and Repeat sample sites and complete the table below:

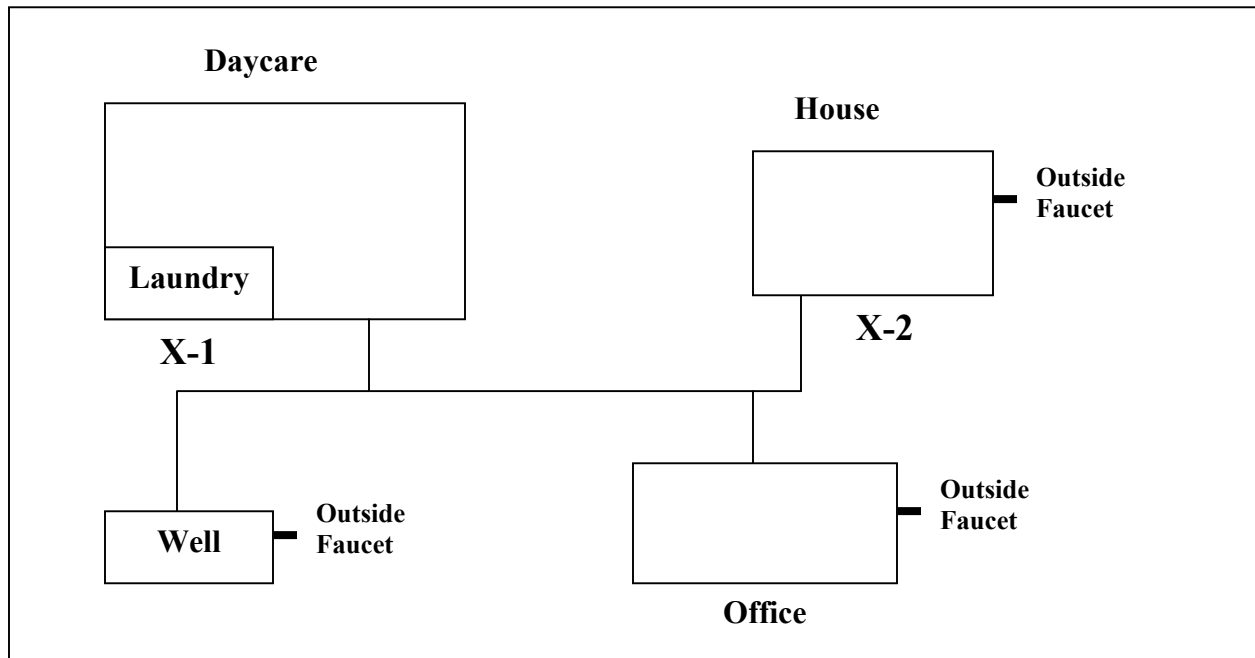
Location / Address for Routine Sample Site	Location / Address for <u>Repeat</u> Sample Sites	Sample Locations for <u>Month</u> Following Unsatisfactory Sample(s)
X # 1 Daycare Laundry	1-1 Daycare Laundry	1. Daycare Laundry
	1-2 House	2. Daycare Laundry
	1-3 Office	3. House
	1-4 Well	4. Office
		5. Well
X #2 House	2-1 House	1. House
	2-2 Daycare Laundry	2. House
	2-3 Office	3. Daycare Laundry
	2-4 Well	4. Office
		5. Well

C: Routine Sample Rotation Schedule

Month	Sample Site(s)	Month	Sample Site(s)
January	X-1	July	X-1
February	X-2	August	X-2
March	X-1	September	X-1
April	X-2	October	X-2
May	X-1	November	X-1
June	X-2	December	Closed



D: Attach a simple map of your water system



E: Preparation Information

Name of Plan Preparer: Mr. Jackson	Position: Superintendent	Date Plan Completed: 6/3/03
Daytime Phone Number: (360) 427-1234 Evening Phone Number: (360) 427-5378	STATE REVIEWER: _____ _____	DATE REVIEWED: ____ / ____ / ____